

2009 ELECTION CYCLE
SOS-MEDelbert Hosemann
SECRETARY OF STATECandidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Eric Powell

Full Address 11 CR 173 Corinth, MS 38834

Telephone 662-286-9953 (Fax) _____

E-mail Powellfam5@comcast.net

Office Sought Senate Dist. 4 Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$ 1,750. ⁰⁰	\$ 1,750. ⁰⁰	\$ 1,750. ⁰⁰
Total amount of disbursements	2,059. ⁰⁰	2,059. ⁰⁰	2,059. ⁰⁰
Total amount of cash on hand	\$ 1,344. ⁰⁰		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Eric Powell
Signature of Candidate

Jan 28, 2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Eric Powell
 Reporting period 1-31-09 through 1-29-10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Southern Sentinel Paper</u>	<u>11/1/09</u>	\$ <u>445.00</u>
Mailing Address		
<u>Hwy 15 North</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		
<u>Ripley, MS 38663</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>445.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Eric Powell Page of
 Reporting period 1-31-09 through 1-29-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Altricia</u>	<u>11/15/09</u>	\$ <u>500.00</u>
Mailing Address <u>333 North Point Center</u>	<u> / / </u>	\$
City, State, Zip Code <u>Alpharetta, Georgia 30022</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		
<input type="checkbox"/> Other (please specify) _____		
Full name <u>Reynolds American</u>	<u> / / </u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 2990</u>	<u> / / </u>	\$
City, State, Zip Code <u>Winston Salem NC 27100</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		
<input type="checkbox"/> Other (please specify) _____		
Full name <u>AT&T</u>	<u> / / </u>	\$ <u>250.00</u>
Mailing Address <u>175 E Capitol St Rm 702</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, ms 39201</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		
<input type="checkbox"/> Other (please specify) _____		
Full name <u>Budweiser</u>	<u> / / </u>	\$ <u>500.00</u>
Mailing Address <u>3150 Shelby St</u>	<u> / / </u>	\$
City, State, Zip Code <u>Indianapolis, IN</u>	<u> / / </u>	\$
Name of Employer (Required) <u>46027</u>	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>